

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41123** (3)

1. Corporation Name
PARADISE VILLAGE TOWNHOMES ASSOCIATION, INC.

Principal Place of Business Mailing Address
**8351 BLIND PASS RD
ST PETERSBURG BEACH FL 33706** **5901 SUN BLVD
SUITE 203
ST PETERSBURG FL 33715
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/07/1990	3a. Date of Last Report 02/01/1994
4. FEI Number 59-3071355	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**NEWTON, WILLIAM
5901 SUN BLVD SUITE 203
ST PETERSBURG BEACH FL 33715**

10. Name and Address of New Registered Agent 81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title of corporation) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	HINTERGARDT, DIANE 5901 SUN BLVD SUITE 203 ST PETERSBURG FL
TITLE VPD	GILBERT, FRED 5901 SUN BLVD SUITE 203 ST PETERSBURG FL
TITLE STD	MCCULDUFF, BILL 5901 SUN BLVD SUITE 203 ST PETERSBURG FL
TITLE	
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE S/T/D	KUBICK, RICHARD 5901 Sun Blvd., #203 St. Petersburg, FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE DIRECTOR	MAVROMICHALIS, PETER 5901 Sun Blvd., #203 St. Petersburg, FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE P/D	MCALDUFF, BILL 5901 Sun Blvd., #203 St. Petersburg, FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 813-866-3115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____